



Health Safety Net Demonstration Projects

Submitted in compliance with Chapter 118G §35

June 2009



Deval L. Patrick, Governor
Commonwealth of Massachusetts
Timothy P. Murray
Lieutenant Governor

JudyAnn Bigby, Secretary
Executive Office of Health and Human Services
Sarah Iselin, Commissioner
Division of Health Care Finance and Policy

Table of Contents

Section I: Background	1
Section II: Community Health Center Urgent Care Demonstration	2
Section III: Massachusetts Fishermen’s Partnership	5
Section IV: Community Health Center Behavioral Health Services Demonstration	6

Section I: Background

The Division of Health Care Finance and Policy (DHCFP) is submitting this report to the legislature in compliance with Chapter 118G §35. Specifically, Section 35 requires DHCFP to administer a demonstration program to support care management for patients with chronic diseases, substance abuse, and psychiatric disorders through community health centers (CHCs) and community mental health centers (CMHCs), and to report the results of these efforts annually.

In July 1997, the Massachusetts legislature enacted legislation (M.G.L. c.118G s.18) authorizing DHCFP to allocate up to \$5 million in Uncompensated Care Pool (UCP) funds per fiscal year for demonstration projects designed to address alternative approaches to improve health care and reduce costs for the uninsured and underinsured on a cost-neutral basis. The amount of funding available annually for demonstration projects was increased to \$6 million by Chapter 58 of the Acts of 2006, which created the Health Safety Net (HSN) to succeed the UCP.

This report presents the three demonstration projects that were active during HSN fiscal year 2008 (HSN08) from October 1, 2007 to September 30, 2008, providing a full description of each grant program. Additionally, the report provides a 2007 history for each program where appropriate. The table below highlights the annual program funding.

Demonstration Project	Funding Year	
	UCP07	HSN08
CHC Urgent Care Grant Program	\$4 million*	\$2 million
The Massachusetts Fishermen's Partnership	\$3 million	\$4 million
CHC Behavioral Health Services Demonstration	\$100,000	Carryover from PFY07

* Community Health Center Urgent Care Grant Program demonstration project funded in PFY07 through prior period UCP funds

Community Health Center Urgent Care Grant Program

In Uncompensated Care Pool fiscal year 2007 (UCP07), Neighborhood Health Plan (NHP) was awarded \$4 million in funding to manage a grant program that focuses on expanding urgent care services available at CHCs in order to reduce unnecessary emergency room (ER) use. In Health Safety Net fiscal year 2008 (HSN08), NHP was awarded \$2 million to continue the grant program.

The Massachusetts Fishermen's Partnership

The Massachusetts Fishermen's Partnership administers the Fishing Partnership Health Plan (FPHP), which offers fishermen and their families the opportunity to purchase health insurance at a reduced rate. The UCP began providing \$2 million per year to the FPHP demonstration project in 1997. In HSN08, the funding was increased to \$4 million.

Community Health Center Behavioral Health Services Demonstration

In UCP07, five community health center and community mental health center partnerships were each awarded \$20,000 through the CHC/CMHC Behavioral Health Services Demonstration project. The goal of the demonstration project was to improve the diagnosis and treatment of people with behavioral health disorders through enhanced coordination of care between providers.

Through each of these demonstration projects, DHCFP continues to monitor and ensure appropriate utilization of health services reimbursed from the Health Safety Net Trust Fund.

Section II: Community Health Center Urgent Care Demonstration

The overall goal of the Community Health Center Urgent Care Grant Program is to reduce the liability of the HSN Trust Fund to hospitals, by reducing unnecessary ER use through expanded urgent care access at CHCs. In 2006, NHP was awarded administration of the Community Health Center Urgent Care Grants in consultation with the Massachusetts League of Community Health Centers. In UCP07, NHP was granted \$4 million in funding to initiate and manage the demonstration. The program was continued in HSN08 with \$2 million in funding.

PFY07 Grant Projects

In UCP07, NHP used the Urgent Care Grants to fund 15 projects that included multi-site collaborations, representing a total of 21 community health center sites. During calendar year 2007, CHCs implemented strategies to expand both regular and urgent care hours of operation, increase capacity, and create multi-provider triage procedures.

The 15 projects include:

Greater Lawrence Family Health Center received a grant of \$500,000: This project established and promoted a nurse triage team to manage patients over the phone and through walk-ins, to reduce the number of patients who seek acute care at the local ER and to increase urgent care visits at the CHC.

Lynn Community Health Center received a grant of \$400,000: This project added clinical staff to increase same-day service and established a nurse triage system to refer ER patients back to the CHC for follow up care.

Family Health Center of Worcester and Great Brook Valley Health Center received a grant of \$400,000: This partnership improved telephone triage systems and conducted patient education on urgent care access.

Dotwell - Codman Square and Dorchester Multi-Service Center received a grant of \$400,000: This partnership offered expanded hours, piloted an improved phone triage system, conducted patient education on urgent care access, and increased walk-in and same-day scheduling.

Greater New Bedford Community Health Center received a grant of \$250,000: This CHC implemented a dedicated phone triage system, increased triage resources at the point of care, decreased wait time, expanded service hours and increased clinician hours.

Lowell Community Health Center received a grant of \$250,000: This project expanded clinician availability, added evening and urgent care appointments, implemented a central call center for nursing triage and added a care management team to plan care for complex patients and frequent ER users.

Brockton Neighborhood Health Center received a grant of \$250,000: This project extended service hours, added clinical and social services staff, increased multilingual capability and transportation and conducted outreach and patient education.

Harbor Health Services Inc. - MidUpper Cape Community Health Center, Neponset Health Center, Geiger Gibson Community Health Center and Harbor Family Health Center received a grant of \$250,000: This partnership added multilingual capability to after-hours services, conducted outreach to patients to assist with access to Commonwealth Care plan options, improved nursing triage and added primary care providers.

HealthFirst Family Care Center and SSTAR received a grant of \$250,000: This partnership expanded clinic hours and increased telephone access for patients with urgent care needs and worked with ER staff at local hospitals to promote joint efforts to reduce ER use.

Manet Community Health Center received a grant of \$200,000: This project increased clinic capacity and service hours and worked with ER staff to increase follow up care at the CHC and reduce high utilization of ER visits.

South End Community Health Center received a grant of \$200,000: This CHC expanded clinic hours, implemented a follow up program for frequent ER users, and established a bi-lingual outreach program to educate patients on appropriate ER use.

Whittier Street Neighborhood Health Center received a grant of \$200,000: This program implemented a nurse triage system, increased x-ray and laboratory capacity, and expanded clinic hours to include evenings and Saturdays.

Holyoke Health Center and Chicopee Health Center received a grant of \$200,000: This partnership increased clinic capacity by adding exam rooms, providers and support staff, and conducted patient education and community outreach to raise awareness of expanded CHC capacity and appropriate ER use.

North Shore Community Health Center received a grant of \$75,000: This program added a registered nurse and a bi-lingual medical assistant to conduct outreach and education to patients who are frequent or non-urgent ER users. Additionally, efforts included the scheduling of follow up CHC visits with ER patients.

Upham's Corner Community Health Center received a grant of \$75,000: This project added urgent care capacity by hiring a nurse practitioner. Additionally, a triage nurse was hired to increase triage capability and appropriately route patients, optimized practice design and systems to expand same-day scheduling availability. Furthermore, the CHC conducted outreach efforts to promote expanded access capabilities to patients in the community.

Evaluation

In March 2008, NHP conducted an evaluation of the demonstration impacts. Key findings include:

- More than 21,000 additional urgent and primary care visits were delivered as a direct result of this grant program;
- Increased communication and collaboration between CHCs and local hospital ERs resulted in data sharing and patient referrals from ERs to CHCs for follow up and primary care;
- Hiring new nurses and primary care providers, particularly bi-lingual and bi-cultural providers, remains a challenge for CHCs;
- Many expanded service programs continue in a self-sustaining manner.

A decision was made to continue the program for an additional year in order to achieve the following:

- To expand the capability for same day appointment scheduling at CHCs;
- To continue care coordination efforts that resulted in reduced use of ER visits;
- To improve post-ER visit follow up resulting in more effective care management.

HSN08 Grant Projects

In HSN08, NHP was awarded \$2 million in demonstration funds to continue the grant program. In November 2008, DHCFP approved Neighborhood Health Plan's recommendations to finance a diverse set of projects with the continued goal of expanding urgent care access. Twenty-one project proposals were submitted to Neighborhood Health Plan for consideration, representing 30 different CHCs across Massachusetts. Final funding decisions were made based on quality and sophistication of project proposals, geographic diversity, and concentration of Health Safety Net users.

The projects that were approved and that are currently being implemented include:

Bowdoin Street Community Health Center received a grant of \$75,000: This project will strengthen medical home linkages, as a full time health educator will assist patients' in understanding which health care settings are appropriate for use in different circumstances. Patients will also be asked to identify barriers to primary care that may lead to increased use of urgent care and emergency room usage.

Brookside Community Health Center and Southern Jamaica Plain Health Center received a grant of \$200,000: The purpose of this grant is to jointly hire a mid-level practitioner to maintain urgent care access at all times.

Community Health Center of Cape Cod and Duffy Health Center received a grant of \$75,000: These partners will collaboratively work with Cape Cod Health Care to address the barriers to patients receiving urgent care at the CHCs. The project will also expand nursing triage and case management to increase "walk in" availability.

Community Health Connections received a grant of \$200,000: This project will expand hours of operation at the CHC and create medical home linkages to educate patients about accessing primary care and utilizing setting-appropriate care.

South Cove Community Health Center received a grant of \$175,000: The goal of this project is to expand urgent care access and capacity.

Dorchester House Multi-Service Center received a grant of \$225,000: This project will expand urgent care access by extending hours of operation and increasing triage capabilities with a new family nurse practitioner, registered nurse, and medical assistant.

East Boston Neighborhood Health Center received a grant of \$250,000: This grant will increase the accessibility of primary care by adding a number of primary care providers, especially during the evening hours. In addition, the project will increase the CHC's ability to offer same-day appointments.

Family Health Center of Worcester and Great Brook Valley Health Center received a grant of \$250,000: The purpose of this project is to expand urgent care access by enhancing nurse triage systems and providing case management and follow-up for users of the emergency room.

Greater New Bedford Community Health Center received a grant of \$225,000: This CHC will expand urgent care access by increasing triage capacity and creating medical home linkages to those who utilize

the emergency room. The project will also educate patients on emergent vs. urgent care, self-management strategies, and chronic disease management.

Harbor Health: Geiger-Gibson, Mid-Upper Cape, Neponset received a grant of \$250,000: These partners will collaboratively add clinical resources to urgent care, same day access, and pre-visit planning and post-visit follow-up. The project will also improve methods of increasing patient linkages to providers and solidifying patients' medical home.

Evaluation

The grants will run through September 30, 2009, with a mid-grant report due in the summer of 2009 to evaluate progress. This report will expand upon the evaluation conducted in 2008. Evaluation of the grant's impact will consider metrics such as:

- Reduction in non-emergent ER use as compared to baseline;
- Increase in medical home utilization by patients who had been identified as frequent ER users;
- The number of patients successfully diverted from ER use and referred to clinic care;
- The number of clients seen via newly established primary care sites or during newly expanded clinic hours compared to the number of clients seen during regular hours; and
- Cost savings, and clinical and quality impact on patients' health.

Section III: Massachusetts Fishermen's Partnership

The Fishing Partnership Health Plan (FPHP) offers fishermen and their families the opportunity to purchase health insurance at a reduced rate, made possible through subsidized premiums provided by the HSN. The FPHP is a freestanding trust fund that operates separately from its primary sponsoring organization, the Massachusetts Fishermen's Partnership. Chapter 47 of the Acts of 1997 required that DHCFP allocate \$2,000,000 annually to the demonstration project through 2002. Chapter 184 of the Acts of 2002 increased funding from \$2 million to \$3 million per year, effective from state FY03 through state FY07. Beginning in state FY08, funding for the project was increased to \$4 million through 2012 as specified by Chapter 61 of the Acts of 2007.

The FPHP contracts with Harvard Pilgrim Health Care to offer fishermen and their families a comprehensive benefit package that includes access to Harvard Pilgrim's network of providers, mental health services, and pharmacy coverage. All fishermen, regardless of health status or current insurance coverage, may enroll in the plan. FPHP offers four tiers of premium amounts that are based on the income of the fishermen; as of December 2008, 1,949 fishermen and their family members were enrolled.

Evaluation

Section 18 of M.G.L. 118G required that demonstration projects funded by the UCP "reduce the liability of said pool to acute hospitals and community health centers by at least the amount expended by said pool on such projects." In 2002, DHCFP conducted an evaluation of the FPHP in order to determine whether the project met this requirement by examining whether it saved the Uncompensated Care Pool at least one dollar for every dollar it received in UCP funding. The FPHP did not meet cost-neutrality in either of two methodologies used by DHCFP. The most recent analysis completed found that the FPHP is unlikely to become cost-neutral. DHCFP plans a follow up evaluation to measure cost, utilization and other impacts associated with this demonstration.

Section IV: Community Health Center Behavioral Health Services Demonstration

The Community Health Center Behavioral Health Services Demonstration was established to encourage coordinated care management of chronic behavioral health conditions, with the aim of improving the delivery of behavioral health services in primary care settings. In April 2007, DHCFP awarded five supplementary grants of \$20,000 each to CHCs partnering with local Community Mental Health Centers (CMHCs) to provide behavioral health services to UCP eligible patients. The partnerships were previously selected for other demonstration funding as part of the CHC-CMHC Demonstration Project on Collaborative Care by the Department of Mental Health, in consultation with the Massachusetts League of Community Health Centers and the Mental Health and Substance Abuse Corporations of Massachusetts. Each partnership was eligible for up to \$50,000 in Massachusetts Behavioral Health Partnership funds and up to \$20,833 from Commonwealth Medicine's Office of Community Programs, which were supplemented by the \$20,000 HSN demonstration grants.

The purpose of DHCFP demonstration grants was to pay CHCs for behavioral health care services provided by the subcontracting CMHCs. The CHCs were required to draw down funds using the MassHealth payment rates for CMHCs. These grant funds lasted much longer than DHCFP anticipated. Finding that the CHCs had expended very little by the grant expiration date of September 30, 2007, DHCFP extended the grants by one year to September 30, 2008. Even then, only two of the five recipients drew down the entire \$20,000; one grantee spent \$15,000 before discontinuing the partnership, and two spent less than \$10,000.

Family Health Center of Worcester received a HSN grant of \$20,000: Family Health Center of Worcester contracted with Community HealthLink, located adjacent to the Family Health Center facility, to collaborate in providing opiate addiction services using centralized intake and comprehensive suboxone treatment. Family Health drew down \$2,800 of its allotted \$20,000 from the demonstration funding.

Framingham Community Health Center received a HSN grant of \$20,000: Framingham CHC contracted with three CMHCs to provide, with the aid of a separately funded behavioral health navigator, behavioral health service to primary care patients. Framingham drew down its full \$20,000 from the demonstration funding.

Holyoke Health Center received a HSN grant of \$20,000: Holyoke contracted with Behavioral Health Network (BHN) to co-locate a satellite behavioral health clinic at the CHC and to provide behavioral health services, including depression care management. Holyoke drew down its full \$20,000 from the demonstration funding.

Manet Community Health Center received a HSN grant of \$20,000: Manet contracted with South Shore Mental Health (SSMH) to provide, with the aid of separately funded behavioral health navigators, behavioral health service to primary care patients. Manet drew down nearly \$15,000 of its allotted \$20,000 from the demonstration funding.

HealthFirst Family Care Center received a HSN grant of \$20,000: Stanley Street Treatment and Resources (SSTAR) implemented a comprehensive suboxone treatment program to serve its primary care patients as well as those of HealthFirst. SSTAR drew down \$5,700 of its allotted \$20,000 from the demonstration funding.

Evaluation

In January 2008, an evaluation of the demonstration was conducted by University of Massachusetts Medical School (UMMS) Center for Health Policy and Research. Key findings include:

- All projects used grant funds to pay for staff that they could not have hired otherwise;
- HSN demonstration funds were used by all sites to reimburse services provided by behavioral health clinicians to uninsured CHC patients, which would not have been provided otherwise;
- All projects found that co-location of behavioral health providers improved communication and coordination of care;

DHCFP monitored CHC grant spending bi-monthly and reviewed service utilization against the goals of the grant. Due to the decrease in the number of uninsured individuals following implementation of Chapter 58 of the Acts of 2006, several partnerships had funds remaining at the end of the project. All demonstration funds that had not been spent by grant recipients as of September 30, 2008 were returned to DHCFP. The lack of expenditure on the part of some recipients precluded opportunities for quantitative evaluation across all CHCs. The participating centers continue to collaborate on providing integrated care to those patients needing primary care and behavioral health services.

Overall, the demonstration was successful in developing models that could be repeated in other environments. The Robert Wood Johnson Foundation included the demonstration in a 2006 report that described promising practices in collaborative care. Additionally, the National Council on Collaborative Health Care included the project in a national report targeting best practice care collaboration programs.

Division of Health Care Finance and Policy
Two Boylston Street
Boston, Massachusetts 02116
Phone: (617) 988-3100
Fax: (617) 727-7662
Website: www.mass.gov/dhcfp
Publication Number: 12-345-04 HCF